



APPLICATION FOR DUPLICATE LICENSE

PLEASE PRINT

Name (Last, First, Middle)		CSR No.
Address (Number and Street)		
City	State	Zip Code
Telephone Number ()	Alternate Number ()	
<i>(Phone numbers are confidential and for Board use only)</i>		
Email Address (optional)		
If your license is in a delinquent or cancelled status, a duplicate/replacement Wall Certificate or Pocket License cannot be issued.		
Check the appropriate box and submit the correct fee with this form. <input type="checkbox"/> Wall Certificate – \$5.00 <input type="checkbox"/> Pocket License – No Charge		
Reason for Duplicate/Replacement License: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Never received license <input type="checkbox"/> Damaged/Destroyed <input type="checkbox"/> Name Change* (Please include name change form and required documentation.) <input type="checkbox"/> Address Change* (Please include address change form.) <input type="checkbox"/> Other (Please explain):		
<i>*The license or certificate being replaced must be returned with this form.</i>		
The Court Reporters Board will mail the new Wall Certificate or Pocket License to your address of record in approximately four to six weeks.		
Signature		Date